

## COVER PAGE

Project Title: Upper Columbia River RI/FS-related Human Health Project

Applicant: Washington State Department of Health  
PO Box 47846  
Olympia, WA 98504-7846

DUNS Number: Not applicable

Contact: Dan Alexanian, Site Assessments and Toxicology Manager  
Office of Environmental Health, Safety and Toxicology  
TEL (360) 236-3371  
FAX (360) 236-2251  
[Dan.Alexanian@doh.wa.gov](mailto:Dan.Alexanian@doh.wa.gov)

Grant Period: April 1, 2010 – March 31, 2015

EPA Funds Requested: \$250,000

Non-federal match: Not applicable

ACORN Restriction: The applicant is not a subsidiary of the Association of Community Organizations for Reform Now (ACORN)

RFA notification: The applicant was notified of this opportunity by Helen Bottcher, Remedial Project Manager, US EPA Region 10 (ECL-111) (206) 553-6069

### **Abstract:**

The purpose of this agreement is for the Environmental Protection Agency (EPA) to be provided public health support from the Washington State Department of Health (DOH) Site Assessments and Toxicology Section (SATS). The EPA and Teck Resources Ltd. (Teck) entered into a formal Settlement Agreement contract on June 2, 2006. This contract directed Teck to complete a Superfund RI/FS of the Upper Columbia River site (UCR). The supplemental award between EPA and DOH will provide funding to allow SA staff to participate and provide public health support to EPA and Ecology during the RI/FS process. SA staff will provide public health assistance on activities and documents associated with the Remedial Investigation and Feasibility Study (RI/FS) work, including health consultations, health advisories, technical assistance, project management, and education/outreach to inform other agency stakeholders and the public.



# Application for Federal Assistance SF-424

Version 02

<b>*1. Type of Submission</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>*If Revision, select appropriate letter(s):</b>  <b>* Other (Specify)</b>	
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b>			
<b>5a. Federal Entity Identifier:</b>			<b>*5b. Federal Award Identifier:</b>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> Washington State Department of Health					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 911444603			<b>*c. Organizational DUNS:</b> 808883128		
<b>d. Address:</b>					
<b>*Street1:</b> PO Box 47901 <b>Street 2:</b> <b>*City:</b> Olympia <b>County:</b> Thurston <b>*State:</b> wasnington <b>Province:</b> <b>Country:</b> USA <b>*Zip/ Postal Code:</b> 98504-7901					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Environmental Health			<b>Division Name:</b> Office of Environmental Health Safety and Toxicology		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> <b>Middle Name:</b> <b>*Last Name:</b> Speelman <b>Suffix:</b> <b>Title:</b> Assistant Secretary for Financial Services					
<b>First Name:</b> Lois					
<b>Organizational Affiliation:</b>					
<b>*Telephone Number:</b> 360-236-4503 <b>Fax Number:</b> 360-236-4500					
<b>*Email:</b> WADepartmentOfHealthGrants@DOH.WA.GOV					



**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Environmental Protection Agency, Region 10

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

Upper Columbia River (RI/FS) Cooperative Agreement

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Upper Columbia River and Watershed

\*15. Descriptive Title of Applicant's Project:

Upper Columbia River RI/FS-related Human Health Project

**Attach supporting documents as specified in agency instructions.**



# Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant  
WA-003

\*b. Program/Project:  
WA-004, WA-005

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\*a. Start Date: 4/1/2010

\*b. End Date: 3/31/2015

## 18. Estimated Funding (\$):

*a. Federal	\$50,000.00	*d. Local	\$0.00
*b. Applicant	\$0.00	*e. Other	\$0.00
*c. State	\$0.00	*f. Program Income	\$0.00
*d. Local		*g. TOTAL	\$50,000.00

## \*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372

## \*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: \*First Name: David

Middle Name: A.

\*Last Name: Bartruff

Suffix:

\*Title: Grants and Contracts Manager

\*Telephone Number: 306-236-3006

Fax Number: 360-236-2250

\*Email: david.bartruff@doh.wa.gov

\*Signature of Authorized Representative: *David Bartruff* Date Signed: 3/26/10





**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.



**BUDGET INFORMATION - Non-Construction Programs**

<b>SECTION A - BUDGET SUMMARY</b>						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Upper Column		\$	\$	\$ 50,000	\$	\$ 50,000
2.						
3.						
4.						
5. Totals		\$	\$	\$ 50,000	\$	\$ 50,000
<b>SECTION B - BUDGET CATEGORIES</b>						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	28,519					
b. Fringe Benefits	7,985					
c. Travel	1,271					
d. Equipment						
e. Supplies						
f. Contractual						
g. Construction						
h. Other	3,008					
i. Total Direct Charges (sum of 6a-6h)	40,783					
j. Indirect Charges	9,217					
k. TOTALS (sum of 6i and 6j)	\$ 50,000	\$	\$	\$	\$	
7. Program Income	\$	\$	\$	\$	\$	

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Standard Form 424A (Rev 4-2012)  
Prescribed by OMB Circular A-102



SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.				\$	
9.				\$	
10.				\$	
11.				\$	
12. Total (SUM OF LINES 8-11)				\$	

SECTION D - FORECASTED CASH NEEDS					
13. Federal	Total for 1 <sup>st</sup> Year	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
	\$ 50,000	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$ 50,000	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. Upper Columbia River	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges: Provisional, MTD \$40,787 at 22.6%
23. Remarks:	

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**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

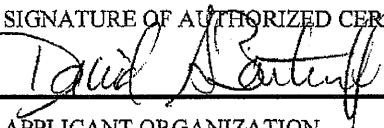
As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the

basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

<p>9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a-7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally-assisted construction subagreement.</p> <p>10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.</p> <p>11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in flood plains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).</p>	<p>12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) Related to protecting components or potential components of the national wild and scenic rivers system.</p> <p>13. Will assist the awarding agency in assuring compliance will Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).</p> <p>14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</p> <p>15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) Pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</p> <p>16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) Which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</p> <p>17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."</p> <p>18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</p>
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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE <b>Grants &amp; Contracts Manager</b>
APPLICANT ORGANIZATION <b>Washington State Department of Health</b>	DATE SUBMITTED <b>3/26/10</b>



EPA Project Control Number

## **CERTIFICATION REGARDING LOBBYING**

### **CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**David A. Bartruff**

Typed Name & Title of Authorized Representative

 3/26/10  
Signature and Date of Authorized Representative



# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Washington State Department of Health PO Box 47901 Olympia, WA 98504-7901 Congressional District, if known: WA-003			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b> Environmental Protection Agency			<b>7. Federal Program Name/Description:</b> Upper Columbia River (RI/FS) Cooperative Agreement CFDA Number, if applicable: 66.802		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): None			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):		
<b>11.</b> <small>ation requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</small>			Signature: <u>David A. Bartruff</u> Print Name: <u>David A. Bartruff</u> Title: <u>Grants and Contract Manager</u> Telephone No.: <u>360-236-3006</u> Date: <u>3/26/10</u>		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form LLL (Rev. 4/2012)		

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

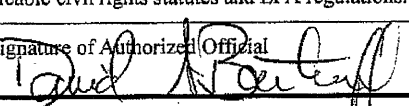
This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**Preaward Compliance Review Report for  
All Applicants and Recipients Requesting EPA Financial Assistance**

*Note: Read instructions on other side before completing form.*

I. Applicant/Recipient (Name, Address, State, Zip Code).		DUNS No.
Washington State Department of Health, PO Box 47901, Olympia, WA 98504-7901		808883128
II. Is the applicant currently receiving EPA assistance?		
Yes		
III. List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.)		
N/A		
IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective action taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.)		
N/A		
V. List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3))		
N/A		
VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.		
Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b). Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. § 7.70) applies. Yes <input type="checkbox"/> No <input type="checkbox"/>		
VII.* Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs or activities? (40 C.F.R. § 5.140 and § 7.95) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
a. Do the methods of notice accommodate those with impaired vision or hearing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c. Does the notice identify a designated civil rights coordinator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
VIII.* Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. § 7.85(a)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
IX.* Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, E.O. 13166) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. George Haase, Federal Compliance Manager, PO Box 47905, <input checked="" type="checkbox"/>		
XI.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet address for, or a copy of, the procedures. N/A <input checked="" type="checkbox"/>		
<b>For the Applicant/Recipient</b>		
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.		
A. Signature of Authorized Official	B. Title of Authorized Official	C. Date
	Grants and Contracts Manager	3/26/2010
<b>For the U.S. Environmental Protection Agency</b>		
I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.		
A. Signature of Authorized EPA Official	B. Title of Authorized EPA Official	C. Date
See ** note on reverse side.		

## Instructions for EPA FORM 4700-4 (Rev. 04/2009)

### General

Recipients of Federal financial assistance from the U.S. Environmental Protection Agency must comply with the following statutes and regulations.

Title VI of the Civil Rights Acts of 1964 provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Act goes on to explain that the statute shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where the primary objective of the Federal financial assistance is to provide employment).

Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities.

Section 504 of the Rehabilitation Act of 1973 provides that no otherwise qualified individual with a disability in the United States shall solely by reason of disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Employment discrimination on the basis of disability is prohibited in all such programs or activities.

The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation under any program or activity receiving Federal financial assistance. Employment discrimination is not covered. Age discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission.

Title IX of the Education Amendments of 1972 provides that no person in the United States on the basis of sex shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal institution.

40 C.F.R. Part 5 implements Title IX of the Education Amendments of 1972.

40 C.F.R. Part 7 implements Title VI of the Civil Rights Act of 1964, Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act, and Section 504 of The Rehabilitation Act of 1973.

The Executive Order 13166 (E.O. 13166) entitled; "Improving Access to Services for Persons with Limited English Proficiency" requires Federal agencies work to ensure that recipients of Federal financial assistance provide meaningful access to their LEP applicants and beneficiaries.

### Items

"Applicant" means any entity that files an application or unsolicited proposal or otherwise requests EPA assistance. 40 C.F.R. §§ 5.105, 7.25.

"Recipient" means any entity, other than applicant, which will actually receive EPA assistance. 40 C.F.R. §§ 5.105, 7.25.

"Civil rights lawsuits and administrative complaints" means any lawsuit or administrative complaint alleging discrimination on the basis of race, color, national origin, sex, age, or disability pending or decided against the applicant and/or entity which actually benefits from the grant, but excluding employment complaints not covered by 40 C.F.R. Parts 5 and 7. For example, if a city is the named applicant but the grant will actually benefit the Department of Sewage, civil rights lawsuits involving both the city and the Department of Sewage should be listed.

"Civil rights compliance review" means any review assessing the applicant's and/or recipient's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or disability.

Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial application submission.

If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable."

In the event applicant is uncertain about how to answer any questions, EPA program officials should be contacted for clarification.

\* Questions VII – XI are for informational use only and will not affect an applicant's grant status. However, applicants should answer all questions on this form. (40 C.F.R. Parts 5 and 7).

\*\* Note: Signature appears in the Approval Section of the EPA Comprehensive Administrative Review For Grants/Cooperative Agreements & Continuation/Supplemental Awards form.

Approval indicates, in the reviewer's opinion, questions I – VI of Form 4700-4 comply with the preaward administrative requirements for EPA assistance.

### "Burden Disclosure Statement"

EPA estimates public reporting burden for the preparation of this form to average 30 minutes per response. This estimate includes the time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to U.S. EPA, Attn: Collection Strategies Division (MC 2822T), Office of Information Collection, 1200 Pennsylvania Ave., NW, Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

The information on this form is required to enable the U.S. Environmental Protection Agency to determine whether applicants and prospective recipients are developing projects, programs and activities on a nondiscriminatory basis as required by the above statutes and regulations.

## STATEMENT OF WORK

Site Name: Upper Columbia River  
Department of Health Contact: Dan Alexanian, Project Coordinator  
EPA Region 10 Contact: Helen Bottcher, RPM  
Performance Period: April 1, 2010 – March 31, 2015

### I. PURPOSE

The purpose of this agreement is for the Environmental Protection Agency (EPA) to be provided public health support from the Washington State Department of Health (DOH) Site Assessments and Toxicology Section (SATS). SATS will provide public health assistance on activities and documents associated with the Remedial Investigation and Feasibility Study (RI/FS) work conducted by Teck Resources Ltd. (Teck), (formally Teck Cominco American Inc. / Teck Cominco Metals Ltd.), under a formal agreement with EPA.

### II. BACKGROUND

The EPA and Teck entered into a formal Settlement Agreement contract on June 2, 2006. This contract directed Teck to complete a Superfund RI/FS of the Upper Columbia River site (UCR). This Cooperative Agreement grant between EPA and DOH will provide funding to allow DOH to participate and provide public health support to EPA during the RI/FS process.

### III. SCOPE

The purpose of this Statement of Work (SOW) is to define RI/FS-related human health work conducted by DOH under a Cooperative Agreement with the EPA. DOH's human health support SOW includes health consultations, health advisories, technical assistance, project management, and education/outreach to inform other agency stakeholders and the public.

### IV. TASKS

DOH will conduct the following tasks during the period of performance of this Cooperative Agreement SOW:

#### Task 1: Project Management

1. Coordinate public health input and technical comments within DOH. Submit comments to EPA's RPM in a timely manner, as appropriate. Coordinate with EPA's RPM and the Department of Ecology's Upper Columbia River project manager.
2. Communicate regularly via e-mail and v-mail with EPA's RPM and Department of Ecology's project manager. Participate in regular EPA human health conference calls and/or meetings including multi-agency project meetings (when health related issues will be discussed), as funding and Governor imposed travel restrictions allow. Collaborate closely with the EPA RPM. Ensure DOH files related to this Cooperative Agreement are maintained.
3. Track DOH costs and, when necessary and after consultation with the EPA RPM, update the Cooperative Agreement SOW.

Estimated Level of Effort - 140 hours





<u>FTE Classification</u>	<u>Hours</u>	<u>FTE</u>
Section Manager	40	0.019 (offered in kind)
Toxicologist 1	100	0.048
Education/Outreach (COEES 4)	0	0

#### Task 2: Develop or Finalize Health Consultation reports

1. Evaluate windblown sediment data when available (request for this work has come from Teck).
2. Evaluate the cities of Grand Coulee and Coulee Dam available drinking water data. Both cities withdraw drinking water from the Upper Columbia River.
3. Begin interpretation of EPA's new fish tissue data, which is anticipated to be available in spring/summer 2010.
4. Begin interpretation of EPA's new beach sediment data, which is anticipated to be available in summer/fall 2010.
5. Evaluate EPA's Upper Columbia River surface water data when it becomes available.
6. Review and provide comments on the Colville Tribe's dietary consumption survey risk assessment, and/or the recreational use survey assessment, if requested by the EPA RPM.
7. Begin a comprehensive non-tribal exposure Public Health Assessment. Coordinate this effort with the development of EPA's draft Human Health Risk Assessment.
8. Comment on EPA's draft human health risk assessment report to provide the DOH public health perspective. Coordinate comments with the Department of Ecology.

Estimated Level of Effort - 550 hours

<u>FTE Classification</u>	<u>Hours</u>	<u>FTE</u>
Section Manager	0	0
Toxicologist 1	550	0.264
Education/Outreach (COEES 4)	0	0

#### Task 3: Health Education and Outreach

1. Update fish advisories, if necessary, based on new fish tissue data.
2. Assist in reviewing and developing outreach materials from a public health and advisory perspective (e.g., could include reviewing EPA and National Park Service fact sheet language and attending public meetings).
3. Participate and assist in outreach discussions with federal, state, and local agencies, and tribes about health findings regarding fish and sediment data.
4. As funding and Governor imposed travel restrictions allow, participate in the portions of the Lake Roosevelt Forum Conference that are RI/FS and human health related.
5. Conduct education and outreach activities, as needed, to explain DOH health consultation report findings.
6. As funding and Governor imposed travel restrictions allow, participate in the anticipated houseboat or bus tour of the Upper Columbia.

Estimated Level of Effort - 250 hours

<u>FTE Classification</u>	<u>Hours</u>	<u>FTE</u>
Section Manager	0	0
Toxicologist 1	50	0.024



Education/Outreach (COEES 4)	200	0.096
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Task 4: Technical Assistance

1. Review and comment on project guides, pamphlets, sampling and analysis plans, QAPPs, and miscellaneous reports.

Estimated Level of Effort - 36 hours

<u>FTE Classification</u>	<u>Hours</u>	<u>FTE</u>
Section Manager	0	0
Toxicologist 1	28	0.014
Education/Outreach (COEES 4)	8	0.004

V. TOTAL ESTIMATED LEVEL OF EFFORT

<u>FTE Classification</u>	<u>Total Hours</u>	<u>FTE</u>
Section Manager	(40	0.019 offered in kind*)
Toxicologist 1	728	0.35
Education/Outreach (COEES 4)	208	0.1
<b>Total (does not include manager*)</b>	<b>936</b>	<b>0.45</b>

\*Note: Section Manager's hours are offered in kind and not included in the total.



## Upper Columbia River Superfund Cooperative Agreement

Site Budgets for FY10-15; 4/1/10 - 3/31/15

**FY10 4/1/10 - 3/31/11**

SITE NAME	JOB TITLE	HOURS	FTE	SALARY	BENEFITS	TOTAL
<i>Upper Columbia River</i>	Section Manager	40	0.019	offered in kind		\$0.00
	Toxicologist I	728	0.35	\$ 66,420.00	\$ 18,597.60	\$29,756.16
	COEES 4 (Educ./Outreach)	208	0.1	\$ 52,718.00	\$ 14,761.04	\$6,747.90
<b>BUDGET</b>						
	Direct Labor					\$36,504.06
	Travel					\$1,271.00
	Telecommunications					\$135.00
	Campus Support Costs					\$712.97
	Rent					\$2,160.00
	Agency Indirect (22.6%)					\$9,216.97
	<b>TOTAL</b>	<b>936</b>	<b>0.45</b>			<b>\$50,000.00</b>

## Upper Columbia River Superfund Cooperative Agreement

Site Budgets for FY10-15; 4/1/10 - 3/31/15

**FY11 4/1/11 - 3/31/12**

SITE NAME	JOB TITLE	HOURS	FTE	SALARY	BENEFITS	TOTAL
<i>Upper Columbia River</i>	Section Manager	40	0.019	offered in kind		\$0.00
	Toxicologist I	728	0.35	\$ 66,420.00	\$ 18,597.60	\$29,756.16
	COEES 4 (Educ./Outreach)	208	0.1	\$ 52,718.00	\$ 14,761.04	\$6,747.90
<b>BUDGET</b>						
	Direct Labor					\$36,504.06
	Travel					\$1,271.00
	Telecommunications					\$135.00
	Campus Support Costs					\$712.97
	Rent					\$2,160.00
	Agency Indirect (22.6%)					\$9,216.97
	<b>TOTAL</b>	<b>936</b>	<b>0.45</b>			<b>\$50,000.00</b>



## Upper Columbia River Superfund Cooperative Agreement

Site Budgets for FY10-15; 4/1/10 - 3/31/15

**FY12 4/1/12- 3/31/13**

SITE NAME	JOB TITLE	HOURS	FTE	SALARY	BENEFITS	TOTAL
<i>Upper Columbia River</i>	Section Manager	40	0.019	offered in kind		\$0.00
	Toxicologist 1	728	0.35	\$ 66,420.00	\$ 18,597.60	\$29,756.16
	COEES 4 (Educ./Outreach)	208	0.1	\$ 52,718.00	\$ 14,761.04	\$6,747.90
	<b>BUDGET</b>					
	Direct Labor					\$36,504.06
	Travel					\$1,271.00
	Telecommunications					\$135.00
	Campus Support Costs					\$712.97
	Rent					\$2,160.00
	Agency Indirect (22.6%)					\$9,216.97
	<b>TOTAL</b>	<b>936</b>	<b>0.45</b>			<b>\$50,000.00</b>

## Upper Columbia River Superfund Cooperative Agreement

Site Budgets for FY10-15; 4/1/10 - 3/31/15

**FY13 4/1/13 - 3/31/14**

SITE NAME	JOB TITLE	HOURS	FTE	SALARY	BENEFITS	TOTAL
<i>Upper Columbia River</i>	Section Manager	40	0.019	offered in kind		\$0.00
	Toxicologist 1	728	0.35	\$ 66,420.00	\$ 18,597.60	\$29,756.16
	COEES 4 (Educ./Outreach)	208	0.1	\$ 52,718.00	\$ 14,761.04	\$6,747.90
	<b>BUDGET</b>					
	Direct Labor					\$36,504.06
	Travel					\$1,271.00
	Telecommunications					\$135.00
	Campus Support Costs					\$712.97
	Rent					\$2,160.00
	Agency Indirect (22.6%)					\$9,216.97
	<b>TOTAL</b>	<b>936</b>	<b>0.45</b>			<b>\$50,000.00</b>





# Upper Columbia River Superfund Cooperative Agreement

Site Budgets for FY10-15; 4/1/10 - 3/31/15

**FY14 4/1/14 - 3/31/15**

SITE NAME	JOB TITLE	HOURS	FTE	SALARY	BENEFITS	TOTAL
<i>Upper Columbia River</i>	Section Manager	40	0.019	offered in kind		\$0.00
	Toxicologist 1	728	0.35	\$ 66,420.00	\$ 18,597.60	\$29,756.16
	COEES 4 (Educ./Outreach)	208	0.1	\$ 52,718.00	\$ 14,761.04	\$6,747.90
	<b>BUDGET</b>					
	Direct Labor					\$36,504.06
	Travel					\$1,271.00
	Telecommunications					\$135.00
	Campus Support Costs					\$712.97
	Rent					\$2,160.00
	Agency Indirect (22.6%)					\$9,216.97
	<b>TOTAL</b>	<b>936</b>	<b>0.45</b>			<b>\$50,000.00</b>





DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Service  
Division of Cost Allocation

DCA Western Field Office  
90 7th Street, Suite 4-600  
San Francisco, CA 94103

AUG 19 2009

Lois Speelman  
Assistant Secretary Financial Svcs.  
Washington Dept. of Health  
P.O. Box 47905  
Olympia, WA 98504-7905

Dear Ms. Speelman:

A copy of an indirect cost Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

In order to implement the FINAL indirect cost rate contained in the enclosed Agreement, an adjustment to the indirect costs claimed under your Federal awards may be required. For HHS project grants these adjustments must be made in accordance with the procedures for settlement of indirect costs on HHS project grants with final negotiated rates described in the appropriate "Guide" book for your institution. Adjustments under HHS contracts must be made in accordance with the provisions of the contracts. Adjustments under awards with other Federal agencies must be made in accordance with the policies of those agencies.

An indirect cost proposal together with required supporting information must be submitted to this office for each fiscal year in which your organization claims indirect costs under grants and contracts awarded by the Federal Government. Thus, a proposal for your FY ending 06/30/09, will be due no later than 12/31/09.

Sincerely,

A handwritten signature in cursive script, appearing to read "Wallace Chan", is written over the typed name.

Wallace Chan  
Director

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY FAX

**STATE AND LOCAL RATE AGREEMENT**

EIN #:

DATE: August 17, 2009

DEPARTMENT/AGENCY:  
 Washington Dept. of Health  
 P.O. Box 47905

FILING REF.: The preceding  
 Agreement was dated  
 August 22, 2008

Olympia

WA 98504-7905

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

**SECTION I: INDIRECT COST RATES\***

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRPD. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
FINAL	07/01/07	06/30/08	21.6	(a) All	(1)
FINAL	07/01/07	06/30/08	22.3	(a) All	(2)
FINAL	07/01/07	06/30/08	24.3	(a) All	(3)
FINAL	07/01/07	06/30/08	19.3	(a) All	(4)
FINAL	07/01/07	06/30/08	1.2	(b) All	(5)
PROV.	07/01/08	06/30/09	21.6	(a) All	(1)
PROV.	07/01/08	06/30/09	22.6	(a) All	(2)
PROV.	07/01/08	06/30/09	24.8	(a) All	(3)
PROV.	07/01/08	06/30/09	20.0	(a) All	(4)
PROV.	07/01/08	06/30/09	1.3	(b) All	(5)
PROV.	07/01/09	06/30/10	21.9	(a) All	(1)
PROV.	07/01/09	06/30/10	22.6	(a) All	(2)
PROV.	07/01/09	06/30/10	22.4	(a) All	(3)
PROV.	07/01/09	06/30/10	21.8	(a) All	(4)
PROV.	07/01/09	06/30/10	1.3	(b) All	(5)

- (1) Epidemiology, Health Statistics & Laboratory
- (2) Environmental Health
- (3) Health Systems Quality Assurance
- (4) Community and Family Health
- (5) Subawards

**\*BASE:**

(a) Total direct costs excluding capital expenditures (buildings, individual items of equipment, alterations and renovations), subawards, and flow-through funds.

(b) Pass-through costs (contract services, purchased services, and grants) excluding food.

DEPARTMENT/AGENCY:  
Washington Dept. of Health

AGREEMENT DATE: August 17, 2009

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SECTION II: SPECIAL REMARKS

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TREATMENT OF FRINGE BENEFITS:

This organization charges the actual cost of each fringe benefit direct to Federal projects. However, it uses a fringe benefit rate which is applied to salaries and wages in budgeting fringe benefit costs under project proposals. The fringe benefits listed below are treated as direct costs.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

DEFINITION OF EQUIPMENT

Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

The following fringe benefits are included in the fringe benefit rate(s):

SOCIAL SECURITY, HEALTH INSURANCE, MEDICAL AID PLUS INDUSTRIAL INSURANCE, AND RETIREMENT.

DEPARTMENT/AGENCY:  
Washington Dept. of Health

AGREEMENT DATE: August 17, 2009

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

BY THE DEPARTMENT/AGENCY:  
Washington Dept. of Health

(DEPARTMENT/AGENCY)

(SIGNATURE)

Lois Speelman

(NAME)

Assistant Secretary, Financial

(TITLE)

August 26, 2009

(DATE)

Services

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Wallace Chan

(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION

(TITLE)

AUGUST 17, 2009

(DATE) 2120

HHS REPRESENTATIVE: Kitty Unti

Telephone: (415) 437-7820

**KEY CONTACTS FORM**

**Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: Lois Speelman  
Title: Assistant Secretary for Financial Services  
Complete Address: PO Box 47901  
Olympia, WA 98504-7901  
Phone Number: (360) 236-4503

**Payee:** *Individual authorized to accept payments.*

Name: Maria Grace  
Title: Financial Analyst  
Mail Address: PO Box 47905  
Olympia, WA 98504-7905  
Phone Number: (360) 236-3945

**Administrative Contact:** *Individual from Sponsored Program Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)*

Name: Tom Rogers  
Title: Grants Manager  
Mailing Address: PO Box 47905  
Olympia, WA 98504-7905  
Phone Number: (360) 236-3944  
FAX Number: (360) 236-4525  
E-Mail Address: tom.rogers@doh.wa.gov

**Principal Investigator:** *Individual responsible for the technical completion of the proposed work.*

Name: Dan Alexanian  
Title: Site Assessments and Toxicology Section Manager  
Mailing Address: PO Box 47846  
Olympia, WA 98504-7846  
Phone Number: (360) 236-3371  
FAX Number: (360) 236-2251  
E-Mail Address: dan.alexanian@doh.wa.gov  
Web URL: \_\_\_\_\_





**ADDITIONAL KEY CONTACTS***(Use as many sheets as needed.)*

**Major Co-Investigators:** *Individual responsible for the completion of major portions of the proposed work.*

Name: Lenford O'Garro  
Title: Toxicologist  
Mailing Address: PO Box 47846  
Olympia, WA 98504-7846  
Phone Number: (360) 236-3376  
FAX Number: (360) 236-2251  
E-Mail Address: Lenford.O'Garro@doh.wa.gov  
Web URL: \_\_\_\_\_

**Major Co-Investigators:** *Individual responsible for the completion of major portions of the proposed work.*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Web URL: \_\_\_\_\_

**Major Co-Investigators:** *Individual responsible for the completion of major portions of the proposed work.*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Web URL: \_\_\_\_\_



## **BIOGRAPHICAL SKETCH**

**Dan Alexanian** is the Principal Investigator for the cooperative agreement and Manager of the Site Assessments and Toxicology Section. Dan is a licensed hydrogeologist with a Masters in Science degree from the University of Wisconsin – Madison. He brings many years of experience with cleanup site management from his work at the Washington State Department of Ecology, the Oklahoma State Department of Health, the Wisconsin Department of Natural Resources, consulting, and private industry.

**Lenford O'Garro** is the co-PI and is a health assessor/toxicologist. Len is a trained analytical chemist with a Masters in Science degree in toxicology from the University of Idaho. Len provides the team with a solid knowledge of chemical compounds and how they interact.

**Erin Kochaniewicz** is a health educator. Erin has a Bachelors in Science degree from Evergreen State College. She has an excellent background in community outreach and environmental education.

